

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000081146

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** AQUA SUN TECHNOLOGIES, LLC

**Current Principal Place of Business:**

3 SUNSHINE BLVD.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

3 SUNSHINE BLVD.  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 20-3382586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNEDY, R. MICHAEL  
3 SUNSHINE BLVD.  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CARLSON, DEAN  
**Address:** 3 SUNSHINE BLVD.  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** MGRM  
**Name:** CARLSON, MICHELLE  
**Address:** 3 SUNSHINE BLVD  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** MGRM  
**Name:** PATTERSON, CORY  
**Address:** 560 CROOKED STICK DRIVE  
**City-St-Zip:** DAYTONA BEACH, FL 32114

**Title:** MGRM  
**Name:** HOFF, CHARLIE  
**Address:** 240 N. BRIGHTON DRIVE  
**City-St-Zip:** PORT ORANGE, FL 32127

**Title:** MGRM  
**Name:** MAXWELL, SETH  
**Address:** 560 CROOKED STICK DRIVE  
**City-St-Zip:** DAYTONA BEACH, FL 32114

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** DEAN CARLSON

MGRM

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date